PART B - FEE(S) TRANSMITTAL

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20286 7500 03/10/2010

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on the date indicated below.

Monique Kierlin-Duncan (Deputitor's rison /Monique Kierlin-Duncan/ (Signature June 9, 2010 Done

ARRESCATION NO FILING DATE FIRST NAMEO INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/772 472 02/06/2004 15407 105189 6710 Jonathan A. Eppstein

TITLE OF INVENTION: MICROPORATION OF TISSUE FOR DELIVERY OF BIOACTIVE AGENTS

Γ	APPLN TYPE	SMALL ENTETY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATEDUE
-	nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/19/2010
	EXAMINER		ART UNIT	CLASS-SUBCLASS]		
_	SMITH, RUTH S		3737	600-407000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR. 1361). Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached. "Fee Address" indication (Fee Address' Indication form PTO/SB42; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, attentatively, (2) the name of a single firm thaving as a member a registered patent attorneys or agents, if no name is listed, no name will be printed.		era 2	1 King & Spalding 2 3	

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (prist or type)

PLEASE NOTE: Unless an assignce is identified below, so assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Altea Therapeutics Corporation

Atlanta, Georgia

Please check the appropriate assignce exceptive or extegories (will not be printed on the patent) : 🔲 (individual) 🖾 Corporation or other private group entity 🔲 Government

4s The following fee(s) are submitted: Advance Order - # of Conics

X Issue Fee Dublication Fee (No small entity discount permitted)

A check is enclosed. Payment by credit card.

The Director is hereby authorized to charge overpayment, to Deposit Account Number 11-0980

any deficiency, or credit any (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

a. Applicant clarms SMALL ENTITY status Sec 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature /Monique Kierlin-Duncan/

June 10, 2010

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